



Financial Compliance Section
Cannabis Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
CRA-AFS@michigan.gov

CONTACT AUTHORIZATION

MEDICAL AND ADULT-USE ANNUAL FINANCIAL STATEMENT (AFS)

Licensee Information			
Licensee legal name		Licensee prequalification record number (e.g., ERG-000000 and/or AU-ER-000000)	
AFS Fiscal Year	FEIN	Phone	Email Address
Mailing Address		City	State Zip Code
Check all boxes to acknowledge the following:			
<input type="checkbox"/> Licensee authorizes the individual below to be the contact person that the Cannabis Regulatory Agency (Agency) can discuss any and all information regarding the AFS. Contact Name: _____ Email Address: _____ Phone Number: _____			
<input type="checkbox"/> Licensee understands this person will receive all communication from the Agency regarding the licensee's AFS report until the licensee submits an official request to cease communication with this person.			
<input type="checkbox"/> By signing this form, the licensee is acknowledging all supplemental applicants have been made aware and approve of this designation.			
<input type="checkbox"/> The individual responsible for completing this form also has full authority to submit documentation on behalf of the licensee.			
Signature & Declaration			
I attest the information I provided on this contact form is true and accurate and that I will comply with the requirements of the Medical Marihuana Facilities Licensing Act (MMFLA) and the Michigan Regulation and Taxation of Marihuana Act (MRTMA) and their associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA and the MRTMA and their associated rules, up to and including license revocation.			
Signature:		Date:	
Printed Name:			
Notary			
Subscribed and sworn to by _____ before me on _____. (Authorized Individual Name) (Date)			
_____ (Notary Public Signature)		_____ (Notary Public Printed Name)	
State of _____, County of _____. Acting in the county of _____, _____. (County) (State)			
My commission expires: _____.			